

BRUBAKER FAMILY PRACTICE CLINIC, INC.

1311 EAST THIRD STREET, CASPER, WYOMING 82601

E. LEE BRUBAKER, M.D., ABFP
DICK RENSCH, PA-C

DAY OR NIGHT
CALL: 265-2772
OR 235-2801

February 27, 1981

Dear Bill,

I am in receipt of your lengthy epistle and feel compelled, likewise, to exercise my first amendment rights, knowing full well they may not carry the same punch since I cannot sign off as the "Founding President - AAPA". I hope this document does not carry the stamp of approval of the AAPA, an organization, until this recent experience, I was proud to call myself a supportive member. There are those of us out here in rural America that are not your country bumpkins. I appreciate a good short story, but devote much more time to non-fiction.. Your convenient but inappropriate likening of Helsinki and Nuremberg to our recertification test were just fantastic coming from a research expert as yourself. Comparing medical research to educational research in Oklahoma must be like comparing Herefords to Black Angus in Wyoming. Sure they are both cows, but cows of a different color.

It has taken me quite some time to think of the most exacting words to convey to you just how much potential harm I feel this letter of yours can possibly do to my profession and the number of individuals that it just might have impact upon. I am fortunate enough to see through your critique, sensible enough to understand its implications, and just concerned enough to let others know how I feel. I guess I just have not been able to figure out the mystery question. Why? I am always skeptical enough to wonder why you would be so concerned about me and my one-hundred and sixty five dollars. If it is a question of pride, I would be more than willing to forget all about Oklahoma's Registry for PA's. I am sure I have been more embarrassed, but Bill, I just cannot remember when.

You and yours have enraged organized medicine. We are suspect now, on everyone's list, and yes, Big Brother is watching. I guess I still remember with fondness the First Commandment from the Marshfield Medical Foundation Physician Assistant School Graduate Ten Commandments: "I am and will be a "physician assistant" and not an "assistant physician." As a practicing physician assistant, I hold these words quite high. Maybe you and others have higher goals set for me? If this letter of yours is any example, I wish you would not help me so much.

Bill, we are still pioneers. If we need more research, if we need more tests, if we need more experience, if we need to be led by the hand to make our profession the best thing ever to happen to health care delivery in this country, then they can count me, because I am standing up. The strides we have made in our state are in part due to the individuals that we have practicing here and more so, due to support by organized medicine's belief that we are moral, ethical, honest, and sincere. I will not jeopardize that belief for anyone, especially you. I would hope that you have wasted, not only a good deal of postage, but many potentially harmful words on individuals like myself. I would appreciate your deleting my name from your mailing list.

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In closing, let me say I will stand behind my certifying commission at all costs. Yes, my unique situation offers me all the freedom I need to speak out, and you can be sure that I will if the need arises. Remember, it is not the size of the dog in the fight, but the size of the fight in the dog. I sincerely hope we can both stay in neutral corners in San Diego and that another embarrassment will not blemish our Academy or our profession.

Best personal regards,

Dick A. Rensch, PA-C
Concerned PA - Wyoming

Copies to: CWS Representatives
Carl Fasser, President AAPA
Mike Sheldon, PA-C
Clara Vanderbilt, PA-C
AAPA Board Members

MEMORANDUM TO ALL PA'S

In recent weeks you have been receiving information from the National Commission on the Certification of Physician Assistants concerning their proposed mechanism for recertification of P.A.-C.s. Within the past few days, you have received a brochure and application form to participate in this process. I feel that I have a responsibility to graduate PA's to voice concerns regarding recertification and the way it has been presented to the Profession. I contend that if you choose to participate in the proposed recertification research you should do so as an informed and consenting subject.

It must be clearly understood that I supported the original concept of a certifying commission and in principle the concept of recertification. I have always supported the participation of other disciplines in our credentialing process.

I have some relatively minor comments about the recertification process recently proposed and one overwhelming objection. First the minor comments:

- (1) The NCCPA has been charged, as a result of its federal funding, to "develop a formal plan for periodic recertification of the physician's assistant". This funding was first awarded in June, 1974 and was renewed in 1977. Yet, little has been done to accomplish this objective. In fact, the NCCPA did not decide upon which recertification process it would use until October, 1980 - more than six years after it was mandated to develop such a plan!
- (2) The NCCPA has announced a "recertification" process while in reality it is a research project requiring mandatory participation by all those certified in 1975. The NCCPA should already have a "significant" amount of data on how valid the examination measures continued competency of graduate P.A.s as a result of the fact that the examination has been administered for years to P.A.s who have a good deal of practice experience BEFORE they sat for their initial examination.
- (3) A portion of the exam has been administered for the past two years at the Annual Physician Assistant Conference which should provide them with a great deal of data to analyze. Certainly this information, along with the practice demographics they gather at each reregistration, could be compared with new graduate performance on the examination to measure the ability of the exam to determine the continued competence of the P.A.
- (4) If this information is inadequate to assess the validity of the entry-level examination as a tool for recertification, the requirement that ALL P.A.-C.s eligible for recertification must take the entry-level examination seems to me to be an EXTREMELY INEFFICIENT AND OVERLY COSTLY method to achieve their research goals. In effect, the same data could be obtained by administering the examination to a small, representative "pool" of P.A.-C.s at much less cost without altering significantly the findings of the research.

My overwhelming objection to the process as outlined is made on the basis of what I consider to be a violation of well established research ethics. As stated by Mr. Glazer in a letter to all State Chapter Presidents, dated January 12, 1981, "The purpose of administering the entry level examination is to collect a significant amount of performance data to enable NCCPA to build core/specialty examinations, a CME package representative of the 6-year cyclical type proposed by your House of Delegates, and any other empirical devices to be investigated over the three year period".. Simply stated what is proposed is research supported by the coercive, implicit threat of non renewal of your certificate if you don't participate in the examination. The Declaration of Helsinki, the underpinnings of contemporary medical ethics clearly states "In any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits, and potential hazards of the study and the discomfort it may entail. He or she should be informed that he or she is at liberty to abstain from participation in the study and that he or she is free to withdraw his or her consent to participation at any time".

By that or any standards governing the conduct of research, participation must be voluntary and, the subject, in this case you, aware of the fact that it is research. In fact the first sentence of the 1947 Nuremberg code states "The voluntary consent of the human subject is absolutely essential". I feel the implication of the non-renewal of your certificate clearly violates the concept of voluntary participation and introduces what is in my mind a clearly improper element of coersion in the process.

I strongly believe that we must make it clear to the NCCPA that our profession will not tolerate any process no matter how well intentioned based upon a coersive breach of faith (Ethics).

If I were a candidate for recertification I would, as a show of faith, reregister my certificate by sending the NCCPA \$50.00; evidence of completion of 100 hours of duly reregistered CME along with a letter similar to this one explaining my objections to the coercive, and in my mind unethical, methods by which the recertification research is being conducted and thereby take my chances with recertification.

I recognize that each of us are in individually unique positions, some with more freedoms to speak out than others. I cannot advise you as to the "proper" pathway to take. I hope you find this information helpful to you in making a truly informed choice free of the implicit coersion of the loss of your certificate as you face the decisions attendant to recertification.

Sincerely yours,

Bill

William D. Stanhope, P.A.
Founding President - AAPA